

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						10/615836			
						APPLICANT(S)			
6-14-05						CLAIMS			
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP
1	IND	DEP	IND	DEP	IND	DEP	51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	12						TOTAL IND.		
TOTAL DEP.	0		←	←	←		TOTAL DEP.	←	←
TOTAL CLAIMS	12		██████████	██████████	██████████		TOTAL CLAIMS	██████████	██████████

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